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As for the translation itself, it is for consideration, to assist you in your understanding. We cannot assume any responsibility for problems arising with reference to this translation.

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## Consent Form to Transfer Frozen Oocytes to Oak Clinic

Clinic Director:

In regards to the following:

1. Possibility of damage and/or loss to oocytes by transferring.
2. Handling of oocytes denatured after thawing will be at the clinic's discretion.
3. Costs of transfer and cryopreservation.
4. Disposal is at the clinic's discretion when there is no application for time extension.
5. Thawing and transferring of frozen oocytes are at separate costs.
6. When a change in contact information is made, the clinic will be informed.
7. Information of the cryopreservation of excess oocytes will be analyzed or reported anonymously to the Japanese Society of Obstetrics and Gynecology.

I have completely understood. Thereby I give my consent to have the transfer to Oak Clinic.  
Additionally, myself and my family trust the clinic's treatment policy and give our consent.  
I swear to the above mentioned and submit this consent form.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Initials (      )

Oak Clinic, Sumiyoshi      TEL 0120-009-345

Oak Clinic, Umeda

Oak Clinic, Ginza

Presenter (      )